

|                                 |   |                               |  |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>PACL-128217918</i>                                   | <i>State:</i>                 | <i>Arkansas</i>                          |
| <i>Filing Company:</i>          | <i>Pacific Life Insurance Company</i>                   | <i>State Tracking Number:</i> |  |
| <i>Company Tracking Number:</i> |   |                               |  |
| <i>TOI:</i>                     | <i>A02I Individual Annuities- Deferred Non-Variable</i> | <i>Sub-TOI:</i>               | <i>A02I.005 Limited Flexible Premium</i> |
| <i>Product Name:</i>            | <i>Application</i>                                      |                               |  |
| <i>Project Name/Number:</i>     | <i>/</i>  |                               |  |

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Application

TOI: A02I Individual Annuities- Deferred Non-Variable

Sub-TOI: A02I.005 Limited Flexible Premium

Filing Type: Form

SERFF Tr Num: PACL-128217918 State: Arkansas

SERFF Status: Closed-Approved- Closed  
State Tr Num:

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Craig Hopkins

Disposition Date: 04/09/2012

Date Submitted: 03/29/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: We are not filing in NE, our state of domicile as NE is part of the Interstate Compact

Explanation for Combination/Other:

Market Type:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 04/09/2012

State Status Changed: 04/02/2012

Created By: Craig Hopkins

Deemer Date:

Corresponding Filing Tracking Number:

Submitted By: Craig Hopkins

Filing Description:

March 29, 2012 NAIC: 67466

FEIN: 95-1079000

To the Individual Life Insurance Department of AR:

We are submitting the following annuity applications for approval in your state:

Form Number(s) Form Description

SERFF Tracking Number: PACL-128217918 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium  
Variable  
Product Name: Application  
Project Name/Number: /

## 25-1229-1 Individual Deferred Annuity Application

### Availability

The form submitted will be used to apply for the individual annuity contract list below. This application is very similar to recently approved Application Form No. 25-1229, adding additional disclosure language.

### Application

Form No. Submitted 25-1229-1  
For Use With Contract Form No.30-1229  
Date Approved: 2/7/12  
SERFF Tracking No.: PACL-128046408

### Statement of Variability

The application has been completed in John Doe fashion. Bracketed matter (variable material) shown within each applicable section is subject to change. The accompanying Statement of Variability provides an explanation of the variable material that has been bracketed.

The form submitted:

- Form 25-1229-1 achieved a 50.1 readability flesch score.
- is in final print and subject only to minor modification in paper size, stock, ink, border, Company logo, adaptation to electronic media or computer printing and as otherwise specified in the accompanying Statement of Variability.

All required transmittals, checklists, certifications and/or filing fees, as applicable, are included in this submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Should you have any questions or require additional information, please call toll-free 1-800-722-2333 Ext. 3835.

Sincerely,

SERFF Tracking Number: PACL-128217918 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium  
Variable  
Product Name: Application  
Project Name/Number: /

Craig Hopkins  
RSD - Product Compliance  
Email: craig.hopkins@pacificlife.com  
State Narrative:

## Company and Contact

### Filing Contact Information

Craig Hopkins, Sr. Compliance Analyst Craig.Hopkins@PacificLife.com  
700 Newport Center Drive 949-219-3835 [Phone]  
Newport Beach , CA 92660 949-219-0579 [FAX]

### Filing Company Information

Pacific Life Insurance Company CoCode: 67466 State of Domicile: Nebraska  
700 Newport Center Drive Group Code: 709 Company Type: Annuities  
Newport Beach, CA 92660-6397 Group Name: State ID Number:  
(800) 722-2333 ext. [Phone] FEIN Number: 95-1079000

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

| COMPANY                        | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|--------------------------------|---------|----------------|---------------|
| Pacific Life Insurance Company | \$50.00 | 03/29/2012     | 57584119      |

SERFF Tracking Number: PACL-128217918 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium  
Variable

Product Name: Application

Project Name/Number: /

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 04/09/2012 | 04/09/2012     |
| Approved-Closed | Linda Bird | 04/02/2012 | 04/02/2012     |

### Amendments

| Schedule | Schedule Item Name                      | Created By  | Created On | Date Submitted |
|----------|---|-------------|------------|----------------|
| Form     | Individual Deferred Annuity Application | Maysy Novak | 04/09/2012 | 04/09/2012     |

### Filing Notes

| Subject                   | Note Type        | Created By    | Created On | Date Submitted |
|---------------------------|------------------|---------------|------------|----------------|
| Request to Re-Open Filing | Note To Filer    | Linda Bird    | 04/09/2012 | 04/09/2012     |
| Request to Re-Open Filing | Note To Reviewer | Craig Hopkins | 04/05/2012 | 04/05/2012     |

|                                 |   |                               |  |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>PACL-128217918</i>                                   | <i>State:</i>                 | <i>Arkansas</i>                          |
| <i>Filing Company:</i>          | <i>Pacific Life Insurance Company</i>                   | <i>State Tracking Number:</i> |  |
| <i>Company Tracking Number:</i> |   |                               |  |
| <i>TOI:</i>                     | <i>A02I Individual Annuities- Deferred Non-Variable</i> | <i>Sub-TOI:</i>               | <i>A02I.005 Limited Flexible Premium</i> |
| <i>Product Name:</i>            | <i>Application</i>                                      |                               |  |
| <i>Project Name/Number:</i>     | <i>/</i>  |                               |  |

## Disposition

Disposition Date: 04/09/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made to the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-128217918 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium  
Variable

Product Name: Application

Project Name/Number: /

| Schedule                | Schedule Item                           | Schedule Item Status | Public Access |
|-------------------------|---|----------------------|---------------|
| Supporting Document     | Flesch Certification                    |                      | Yes           |
| Supporting Document     | Application                             |                      | No            |
| Supporting Document     | Life & Annuity - Acturial Memo          |                      | No            |
| Supporting Document     | SOV                                     |                      | Yes           |
| Form ( <i>revised</i> ) | Individual Deferred Annuity Application |                      | Yes           |
| Form                    | Individual Deferred Annuity Application | Replaced             | Yes           |

|                                 |   |                               |  |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>PACL-128217918</i>                                   | <i>State:</i>                 | <i>Arkansas</i>                          |
| <i>Filing Company:</i>          | <i>Pacific Life Insurance Company</i>                   | <i>State Tracking Number:</i> |  |
| <i>Company Tracking Number:</i> |   |                               |  |
| <i>TOI:</i>                     | <i>A02I Individual Annuities- Deferred Non-Variable</i> | <i>Sub-TOI:</i>               | <i>A02I.005 Limited Flexible Premium</i> |
| <i>Product Name:</i>            | <i>Application</i>                                      |                               |  |
| <i>Project Name/Number:</i>     | <i>/</i>  |                               |  |

## Disposition

Disposition Date: 04/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-128217918 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium  
Variable

Product Name: Application

Project Name/Number: /

| Schedule                | Schedule Item                           | Schedule Item Status | Public Access |
|-------------------------|---|----------------------|---------------|
| Supporting Document     | Flesch Certification                    |                      | Yes           |
| Supporting Document     | Application                             |                      | No            |
| Supporting Document     | Life & Annuity - Acturial Memo          |                      | No            |
| Supporting Document     | SOV                                     |                      | Yes           |
| Form ( <i>revised</i> ) | Individual Deferred Annuity Application |                      | Yes           |
| Form                    | Individual Deferred Annuity Application | Replaced             | Yes           |



SERFF Tracking Number: PACL-128217918 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium  
Variable

Product Name: Application

Project Name/Number: /

## Amendment Letter

Submitted Date: 04/09/2012

### Comments:

The newly attached form corrects a typographical error to replace the originally approved form. Thank you.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

| Form Number | Form Type                   | Form Name                               | Action  | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments   |
|-------------|-----------------------------|---|---------|-------------------|-------------------|-----------------|-------------------|---------------|
| 25-1229-1   | Application/Enrollment Form | Individual Deferred Annuity Application | Initial |                   |                   |                 | 50.900            | 25-1229-1.pdf |

State: *Arkansas*

*State Tracking Number:*

*TOI: A02I Individual Annuities- Deferred Non-Variable*

*Sub-TOI: A02I.005 Limited Flexible Premium*

*Project Name/Number:* /

**Created By:**

Linda Bird on 04/09/2012 09:39 AM

**Last Edited By:**

Linda Bird

## Submitted On:

04/09/2012 09:39 AM

**Subject:**

## Request to Re-Open Filing

**Comments:**

Filing has been re-opened in order for correction to be made.

State: *Arkansas*

*State Tracking Number:*

Sub-TOI: *A02I.005 Limited Flexible Premium*

*Project Name/Number:* /

**Created By:**

Craig Hopkins on 04/05/2012 04:02 PM

**Last Edited By:**

Craig Hopkins

## Submitted On:

04/05/2012 04:02 PM

**Subject:**

## Request to Re-Open Filing

**Comments:**

We would like to resubmit the form to correct a small typographical error. Thank you.

SERFF Tracking Number: PACL-128217918 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium  
Variable

Product Name: Application

Project Name/Number: /

## Form Schedule

Lead Form Number: 25-1229-1

| Schedule Item Status | Form Number | Form Type Form Name  | Action  | Action Specific Data | Readability | Attachment    |
|----------------------|-------------|--|---------|----------------------|-------------|---------------|
|                      | 25-1229-1   | Application/ Individual Deferred Enrollment Annuity Application Form | Initial |                      | 50.900      | 25-1229-1.pdf |

**PACIFIC LIFE**

**Pacific Life Insurance Company**  
[P.O. Box 2378, Omaha, NE 68103-2378  
or 1299 Farnam Street, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102  
www.PacificLife.com  
Contract Owners: (800) 722-4448  
Registered Representatives/Producers: (800) 722-2333]

**[Pacific Expedition]**

*Individual Limited Premium  
Deferred Annuity Application*

**NOTE:** This application may only be used in the following states: AR, CT, DE, DC, MT, ND, SD.

**1. ANNUITANT(S)** *Must be an individual. Check product guidelines for maximum issue age.*

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| Name (First, Middle, Last)<br>John, James, Doe          |  | Birth Date (mo/day/yr)<br>01/01/1950 | Sex<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address<br>123 Any Street                       | City, State, ZIP<br>Anytown, CA, 12345   |                                      | SSN<br>123-45-6789  |
| Residential Address (if different than mailing address) | City, State, ZIP   |                                      |   |
| Solicited at: State<br>_____                            | <i>Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types.<br/>Information put here will be used for contract and registered representative/producer appointment purposes.</i> |                                      |   |

**ADDITIONAL ANNUITANT** *Optional. Not applicable for qualified contracts. Check One:* ☐ Joint ☐ Contingent

|   |                  |                        |  |
|---|------------------|------------------------|--|
| Name (First, Middle, Last)                              |                  | Birth Date (mo/day/yr) | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address   | City, State, ZIP |                        | SSN  |
| Residential Address (if different than mailing address) | City, State, ZIP |                        |  |

**2. OWNER(S)** *If annuitant and owner are the same, do not complete this section. Check product guidelines for maximum issue age.*

|   |                  |                        |  |
|---|------------------|------------------------|--|
| Name (First, Middle, Last)                              |                  | Birth Date (mo/day/yr) | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address   | City, State, ZIP |                        | SSN/TIN  |
| Residential Address (if different than mailing address) | City, State, ZIP |                        |  |

**ADDITIONAL OWNER** *Optional. Not applicable for qualified contracts.*

|   |                  |                        |  |
|---|------------------|------------------------|--|
| Name (First, Middle, Last)                              |                  | Birth Date (mo/day/yr) | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address   | City, State, ZIP |                        | SSN  |
| Residential Address (if different than mailing address) | City, State, ZIP |                        |  |

**2A. RATE ADVANTAGE FEATURE**

☐ YES ☐ NO – Default is NO if neither box is checked.

**NOTE** – election of this Feature may result in a lower Initial Guaranteed Rate for your Contract than had you not elected this Feature.

### 3. ELECTRONIC INFORMATION CONSENT

FOR EVEN  
FASTER  
DELIVERY

E-Mail address: \_\_\_\_\_

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically (Only the primary owner will receive e-mail notices).
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

### 4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK  
IF YES

☐ Yes

As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

**5. HOUSEHOLDING** By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include announcements and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

**6. BENEFICIARIES** If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.

|                            |                        |   |              |         |                 |
|----------------------------|------------------------|---|--------------|---------|-----------------|
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage<br>% |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage<br>% |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage<br>% |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage<br>% |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <input checked="" type="checkbox"/> Non-Qualified <sup>1,2</sup> | <input type="checkbox"/> SIMPLE IRA <sup>3</sup> | <input type="checkbox"/> Roth IRA <sup>6</sup>   | <input type="checkbox"/> 401(a) <sup>5</sup> | <input type="checkbox"/> 457(b)-gov't. entity <sup>5</sup>     | <input type="checkbox"/> Keogh/HR-10 <sup>5</sup> |
| <input type="checkbox"/> IRA <sup>6</sup>                        | <input type="checkbox"/> SEP-IRA                 | <input type="checkbox"/> TSA/403(b) <sup>4</sup> | <input type="checkbox"/> 401(k) <sup>5</sup> | <input type="checkbox"/> 457(b)-501(c) tax exempt <sup>5</sup> |   |

**8. PURCHASE PAYMENT INITIAL AMOUNT** *[Make check payable to Pacific Life Insurance Company.]*

Indicate type of initial payment.

|  |                  |
|--|------------------|
| <input type="checkbox"/> 1035 exchange(s)/estimated transfer.... | \$ _____         |
| <input checked="" type="checkbox"/> Amount enclosed .....        | \$ <u>25,000</u> |

Indicate type of initial payment.

|   |          |
|---|----------|
| <input type="checkbox"/> Transfer ..... | \$ _____ |
| <input type="checkbox"/> Rollover ..... | \$ _____ |

Note: Not all Guarantee Terms may be available. Contact Pacific Life for available Guarantee Terms and rates.

**CHECK ONE** [ ☒ 5 Year Guarantee Term      ☐ 7 Year Guarantee Term ]

## 10A. EXISTING INSURANCE

**CHECK ONE** ☐ Yes ☒ No

Do you have any existing life insurance or annuity contracts with this or any other company?  
(Default is "Yes" if neither box is checked.)

**CHECK ONE**      ☐ Yes    ☒ No

Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.







|                        |                           |  |
|------------------------|---------------------------|--|
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced<br><input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced<br><input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |

**District of Columbia: WARNING** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.



**[All Other States:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.]

**13. STATEMENT OF OWNER(S)** I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all withdrawal charges for this contract with my registered representative/producer. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

|   |   |  |   |
|---|---|--|---|
| <b>Owner's Signature</b><br> <i>John James Doe</i> | <b>Date (mo/day/yr)</b><br> 01/01/2011 | <b>Signed at: City</b><br> Anytown | <b>State</b><br> C A |
| <b>Joint Owner's Signature (if applicable)</b><br> | <b>Date (mo/day/yr)</b><br>            |  |   |

#### 14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

|   |   |
|---|---|
| <b>14A.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)   |
| <b>14B.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application. |

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.


I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program.

I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I certify that a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities were presented to and left with the applicant prior to applying for this contract.

If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

**I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

|  |   |   |
|--|---|---|
| <b>Soliciting Registered Representative's/Producer's Signature</b><br> <i>Cindy Brown</i> | <b>Print Registered Representative's/Producer's Full Name</b><br>Cindy Brown        | <b>[Option</b><br><input checked="" type="checkbox"/> A <input type="checkbox"/> B <b>]</b> |
| <b>Registered Representative's/Producer's Telephone Number</b><br>(123) 456-7890   | <b>Registered Representative's/Producer's E-Mail Address</b><br>cbrown@internet.net |   |
| <b>Broker/Dealer's Name</b><br>ACB Broker Dealer   | <b>Brokerage Account Number (optional)</b>  |   |

[Send completed application as follows:

**APPLICATION WITH PAYMENT:**

*Regular Mail Delivery:* P.O. Box 2290, Omaha, NE 68103-2290

*Express Mail Delivery:* 1299 Farnam Street, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102

**APPLICATION WITHOUT PAYMENT:**

*Regular Mail Delivery:* P.O. Box 2378, Omaha, NE 68103-2378

*Express Mail Delivery:* 1299 Farnam Street, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102]



SERFF Tracking Number: PACL-128217918 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number:  
 Company Tracking Number:  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium  
 Variable  
 Product Name: Application  
 Project Name/Number: /

## Supporting Document Schedules

|   | Item Status: | Status Date: |
|---|--------------|--------------|
| <b>Satisfied - Item:</b> Flesch Certification<br><b>Comments:</b><br>The required certifications are attached<br><b>Attachment:</b><br>25-1129-1 Arkansas-certs.pdf |              |              |
| <b>Bypassed - Item:</b> Application<br><b>Bypass Reason:</b> This is an application only filing<br><b>Comments:</b>   |              |              |
| <b>Bypassed - Item:</b> Life & Annuity - Acturial Memo<br><b>Bypass Reason:</b> This is an application only filing<br><b>Comments:</b>                              |              |              |
| <b>Satisfied - Item:</b> SOV<br><b>Comments:</b><br><b>Attachment:</b><br>SV 25-1229-1.pdf  |              |              |

PACIFIC LIFE INSURANCE COMPANY  
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

**CERTIFICATION OF READABILITY**

This is to certify that the form(s) submitted herewith achieved the following reading ease score(s) as calculated by the Flesh Reading Ease Test and complies with the requirements of Arkansas State Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Simplification Act.

| Form Number | Score |
|-------------|-------|
| 25-1229-1   | 50.1  |



\_\_\_\_\_  
Company Officer

Nancy A. Hill  
\_\_\_\_\_  
Name

Assistant Vice President, Compliance  
\_\_\_\_\_  
Title

3/29/12  
\_\_\_\_\_  
Date

PACIFIC LIFE INSURANCE COMPANY  
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

**Form Numbers**

25-1229-1

**Form Description**

Individual Limited Premium Deferred Annuity Application

I, Nancy A. Hill, hereby provide our assurance that Rule and Regulation 6 has been reviewed and the above form(s) are in compliance said Rule and Regulation 6 as well as all other applicable requirements of the Arkansas Department of Insurance.



\_\_\_\_\_  
Company Officer

\_\_\_\_\_  
Nancy A. Hill  
Name

\_\_\_\_\_  
Assistant Vice President Compliance  
Title

\_\_\_\_\_  
3/29/12  
Date

PACIFIC LIFE INSURANCE COMPANY  
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

**Form Numbers**

**Form Description**

25-1229-1

Individual Limited Premium Deferred Annuity Application

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



\_\_\_\_\_  
Company Officer

\_\_\_\_\_  
Nancy A. Hill  
Name

\_\_\_\_\_  
Assistant Vice President Compliance  
Title

\_\_\_\_\_  
3/29/12  
Date

**PACIFIC LIFE INSURANCE COMPANY**  
700 Newport Center Drive • Newport Beach, CA 92660

**STATEMENT OF VARIABILITY**

**Form Number**      **Form Description**

25-1229-1              Individual Deferred Annuity Application

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above referenced contract and application forms. Any changes within these areas will be administered in accordance with the requirements in your State.

**Individual Deferred Annuity Application Form No. 25-1229-1**

| Page No. | Bracketed (Variable) Text  | Explanation of Variability/Range of Variables   |
|----------|--|---|
| 1        | Product Marketing Name   | The name of the product applied for will be displayed.  |
| 1        | Company Addresses and Toll-Free Telephone Numbers  | Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly.  |
| 1-5      | Barcode and Date   | Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode.   |
| 3        | Section 7 - Contract Type – Non-qualified, IRA, SIMPLE IRA, SEP-IRA, Roth IRA, Individual(k), 401(a), 401(k), 457(b), 457(b)-501(c), Keogh/HR-10.  | The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued. |
| 3        | Section 7 - Contract Type – <sup>1</sup> For trust-owned contracts, complete Trustee Certification and Disclosure. <sup>2</sup> For non-qualified contracts, if Owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. <sup>3</sup> For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. <sup>4</sup> Complete SIMPLE IRA Employer Information. <sup>5</sup> Complete Qualified Plan and 457(b) Plan Disclosure. <sup>6</sup> Complete Individual(k) Qualified Plan Disclosure. | The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.  |
| 3        | Initial Purchase Payment   | The text "Make check payable to Pacific Life Insurance Company" may be removed if we feel it is no longer needed.   |
| 3        | Fraud Notice   | Current information shown. In the event of a new state requirement, the new information will be shown.  |
| 5        | Section 16 – Mailing Address   | Current information shown. In the event of a change in the company address, the new information will be shown.  |

SERFF Tracking Number: PACL-128217918 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.005 Limited Flexible Premium  
Variable

Product Name: Application

Project Name/Number: /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name                         | Replacement<br>Creation Date | Attached Document(s)       |
|----------------|----------|--|------------------------------|----------------------------|
| 03/29/2012     | Form     | Individual Deferred Annuity<br>Application | 04/09/2012                   | 25-1229-1.pdf (Superceded) |

**PACIFIC LIFE**

**Pacific Life Insurance Company**  
[P.O. Box 2378, Omaha, NE 68103-2378  
or 1299 Farnam Street, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102  
www.PacificLife.com  
Contract Owners: (800) 722-4448  
Registered Representatives/Producers: (800) 722-2333]

**[Pacific Expedition]**

*Individual Limited Premium  
Deferred Annuity Application*

**NOTE:** This application may only be used in the following states: AR, CT, DE, DC, MT, ND, SD.

**1. ANNUITANT(S)** *Must be an individual. Check product guidelines for maximum issue age.*

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| Name (First, Middle, Last)<br>John, James, Doe          |  | Birth Date (mo/day/yr)<br>01/01/1950 | Sex<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address<br>123 Any Street                       | City, State, ZIP<br>Anytown, CA, 12345   |                                      | SSN<br>123-45-6789  |
| Residential Address (if different than mailing address) | City, State, ZIP   |                                      |   |
| Solicited at: State<br>_____                            | <i>Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types.<br/>Information put here will be used for contract and registered representative/producer appointment purposes.</i> |                                      |   |

**ADDITIONAL ANNUITANT** *Optional. Not applicable for qualified contracts. Check One:* ☐ Joint ☐ Contingent

|   |                  |                        |  |
|---|------------------|------------------------|--|
| Name (First, Middle, Last)                              |                  | Birth Date (mo/day/yr) | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address   | City, State, ZIP |                        | SSN  |
| Residential Address (if different than mailing address) | City, State, ZIP |                        |  |

**2. OWNER(S)** *If annuitant and owner are the same, do not complete this section. Check product guidelines for maximum issue age.*

|   |                  |                        |  |
|---|------------------|------------------------|--|
| Name (First, Middle, Last)                              |                  | Birth Date (mo/day/yr) | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address   | City, State, ZIP |                        | SSN/TIN  |
| Residential Address (if different than mailing address) | City, State, ZIP |                        |  |

**ADDITIONAL OWNER** *Optional. Not applicable for qualified contracts.*

|   |                  |                        |  |
|---|------------------|------------------------|--|
| Name (First, Middle, Last)                              |                  | Birth Date (mo/day/yr) | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address   | City, State, ZIP |                        | SSN  |
| Residential Address (if different than mailing address) | City, State, ZIP |                        |  |

**2A. RATE ADVANTAGE FEATURE**

☐ YES ☐ NO – Default is NO if neither box is checked.

**NOTE** – election of this Feature may result in a lower Initial Guaranteed Rate for your Contract than had you not elected this Feature.

### 3. ELECTRONIC INFORMATION CONSENT

FOR EVEN  
FASTER  
DELIVERY

E-Mail address: \_\_\_\_\_

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically (Only the primary owner will receive e-mail notices).
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

### 4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK  
IF YES

☐ Yes

As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

**5. HOUSEHOLDING** By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include announcements and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect **NOT** to participate in householding.

**6. BENEFICIARIES** If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 11, Special Requests, to provide additional beneficiary information.

|                            |                        |   |              |         |                 |
|----------------------------|------------------------|---|--------------|---------|-----------------|
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage<br>% |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage<br>% |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage<br>% |
| Name (First, Middle, Last) | Birth Date (mo/day/yr) | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent | Relationship | SSN/TIN | Percentage<br>% |



|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <input checked="" type="checkbox"/> Non-Qualified <sup>1,2</sup> | <input type="checkbox"/> SIMPLE IRA <sup>3</sup> | <input type="checkbox"/> Roth IRA <sup>6</sup>   | <input type="checkbox"/> 401(a) <sup>5</sup> | <input type="checkbox"/> 457(b)-gov't. entity <sup>5</sup>     | <input type="checkbox"/> Keogh/HR-10 <sup>5</sup> |
| <input type="checkbox"/> IRA <sup>6</sup>                        | <input type="checkbox"/> SEP-IRA                 | <input type="checkbox"/> TSA/403(b) <sup>4</sup> | <input type="checkbox"/> 401(k) <sup>5</sup> | <input type="checkbox"/> 457(b)-501(c) tax exempt <sup>5</sup> |   |

**8. PURCHASE PAYMENT INITIAL AMOUNT** *[Make check payable to Pacific Life Insurance Company.]*

Indicate type of initial payment.

|  |                  |
|--|------------------|
| <input type="checkbox"/> 1035 exchange(s)/estimated transfer.... | \$ _____         |
| <input checked="" type="checkbox"/> Amount enclosed .....        | \$ <u>25,000</u> |

|   |          |
|---|----------|
| <input type="checkbox"/> Transfer ..... | \$ _____ |
| <input type="checkbox"/> Rollover ..... | \$ _____ |

**CHECK ONE** [ ☒ 5 Year Guarantee Term      ☐ 7 Year Guarantee Term ]

**CHECK ONE** ☐ Yes ☒ No

**CHECK ONE**      ☐ Yes    ☒ No







|                        |                           |  |
|------------------------|---------------------------|--|
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced<br><input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |
| Insurance Company Name | Policy or Contract Number | Policy or Contract Type Being Replaced<br><input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity |

|  |
|--|
|  |
|--|



**\*sample\***<sub>1</sub>

**13. STATEMENT OF OWNER(S)** I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting guarantee terms. I have discussed all withdrawal charges for this contract with my registered representative/producer. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative/producer the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. All answers to questions and statements made on this application are to the best of my knowledge and belief.

|   |   |  |   |
|---|---|--|---|
| <b>Owner's Signature</b><br> <i>John James Doe</i> | <b>Date (mo/day/yr)</b><br> 01/01/2011 | <b>Signed at: City</b><br> Anytown | <b>State</b><br> C A |
| <b>Joint Owner's Signature (if applicable)</b><br> | <b>Date (mo/day/yr)</b><br>            |  |   |

#### 14. REGISTERED REPRESENTATIVE'S/PRODUCER'S STATEMENT

|   |   |
|---|---|
| <b>14A.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)   |
| <b>14B.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? If "Yes," I affirm that I have referred the applicant to the replacement question in Section 10B of this application. |

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines.

I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.


I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program.

I further certify that I have also considered the owner's liquidity needs, risk tolerance, and time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant. I acknowledge that I have received a product disclosure ("Contract Summary"), and if applicable, a Buyers Guide to Fixed Deferred Annuities prior to applying for this contract.

If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

**I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.**

|  |   |   |
|--|---|---|
| <b>Soliciting Registered Representative's/Producer's Signature</b><br> <i>Cindy Brown</i> | <b>Print Registered Representative's/Producer's Full Name</b><br>Cindy Brown        | <b>[Option</b><br><input checked="" type="checkbox"/> A <input type="checkbox"/> B <b>]</b> |
| <b>Registered Representative's/Producer's Telephone Number</b><br>(123) 456-7890   | <b>Registered Representative's/Producer's E-Mail Address</b><br>cbrown@internet.net |   |
| <b>Broker/Dealer's Name</b><br>ACB Broker Dealer   | <b>Brokerage Account Number (optional)</b>  |   |

[Send completed application as follows:

**APPLICATION WITH PAYMENT:**

*Regular Mail Delivery:* P.O. Box 2290, Omaha, NE 68103-2290

*Express Mail Delivery:* 1299 Farnam Street, 6<sup>th</sup> Floor, RSD, Omaha, NE 68102

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